



STARS Available Training Form



STARS approved Trainers/Organizations may use this form to report available trainings. A Training Completion Report MUST be submitted upon completion of this training.

STAFF USE ED _____

ID # _____ Initials _____

SECTION I. STARS APPROVED TRAINER OR TRAINING ORGANIZATION

Trainer OR Organization _____

Trainer/Organization STARS ID _____ Contact Phone Number _____ Ext _____

SECTION II. LOGISTICS

Training Title _____

Start Date _____ End Date _____ Time _____

Training Location _____

Training Address _____

City _____ State _____ Zip Code _____ County _____

Registration Phone Number _____ Ext _____

Cost of Training \$ _____ Varies _____ No Cost _____ Total College Quarter Credits _____ Total Hours _____

Other Information**SECTION III. TYPE OF TRAINING** *Please select the appropriate audience OR indicate the # of hours for each area(s).*

Focus Infant Toddler Preschool School-Age Youth Special Needs Adult All
Type Classroom Setting Self-Paced/Correspondence Online Hybrid (in class & self-paced)

20-Hour Basic Training

Building Blocks for Family Child Care
 Child Care Center Staff/Mixed Group
 Family Child Care Providers
 School-Age Program Staff

Continuing Education Training

____ Administration _____ Family Systems
 ____ Child Growth, Development & Learning _____ Environmental Design
 ____ Child Guidance _____ Health, Safety & Nutrition
 ____ Communication _____ Observation & Assessment
 ____ Cultural & Individual Diversity _____ Professionalism
 ____ Curriculum Development

SECTION IV. LANGUAGE IN WHICH TRAINING IS OFFERED

☐ American Sign Language ☐ Chinese ☐ English ☐ Japanese ☐ Korean ☐ Russian
☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Other _____